

Doc Code:

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/773,606
Filing Date	February 6, 2004
First Named Inventor	Ki H Kim
Art Unit	
Examiner Name	
Attorney Docket Number	17226-3

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23676

☒ Please change the correspondence address for the above-identified application to:

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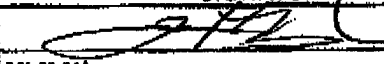
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ki H Kim		
Date	9/27/2006	Telephone	(213) 626-3370

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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